PAGE 1 / 21

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Healthcare Freedom F	Fund		
ADDRESS (number and street)	PO Box 2485		
▼ Check if different			
than previously reported. (ACC)	Springfield		VA 22152
2. FEC IDENTIFICATION N	UMBER ▼ CITY	₹ ▲	STATE ▲ ZIP CODE ▲
C C00528414	3. IS	THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2 Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE) Election	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t Election	n on 11 08	in the State of
5. Covering Period 1	0 01 2016	through 11	M / D D / Y Y Y Y Y Y 28 2016
I certify that I have examined the		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Grandy, Joe, , , er		
Signature of Treasurer	ndy, Joe, , ,	[Electronically Filed]	Date 12 08 / 2016
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Healthcare Freedom Fund		
Report Covering the Period: From:	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	: 11 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		35289.22
(b) Cash on Hand at Beginning of Reporting Period	. 66649.06	
(c) Total Receipts (from Line 19)	. 31100.00	287600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 97749.06	322889.22
7. Total Disbursements (from Line 31)	20868.78	246008.94
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 76880.28	76880.28
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	. 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mu	Ilticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name Healthcare Freedom Fund 10 01 2016 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3000.00 15000.00 (i) Itemized (use Schedule A)..... (ii) Unitemized 0.00 0.00 (iii) TOTAL (add 15000.00 3000.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 28100.00 272600.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 287600.00 31100.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 14. Loan Repayments Received..... 0.00 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.000.00

(Irom Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	31100.00	287600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	31100.00	287600.00
		ı

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	
Expenditures	20868.78	116008.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	20868.78	116008.94
Transfers to Affiliated/Other Party	7 7	
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	130000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	4 4
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20868.78	246008.94
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	20868.78	246008.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 31100.00 287600.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 31100.00 287600.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 20868.78 116008.94 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 20868.78 116008.94 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

F	OH	LINE	NU	MRFK	:	PAGE	-	6	OF		۷١
(0	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16	;		17

		13 14 15 16 17
	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
Healthcare Freedom Fund		
Full Name of Individual (Last, First, Middle Dreyfus, Mark, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5104 Oceanfront Avenue	10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Virginia Beach	State Zip Code VA 23451	Transaction ID : SA11AI.5495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer (for Individual) ECPI University	Occupation (for Individual) President	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	3700.00	
Full Name of Individual (Last, First, Middle 3. Gaston, Christopher Lorenzo, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 120 Hesketh Street		10 14 2016
City Chevy Chase	State Zip Code MD 20815	Transaction ID : SA11AI.5498 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Davis & Harman LLP	Occupation (for Individual) Senior Policy Director	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1200 Brickell Avenue Suite 310		10 27 2016
City Miami	State Zip Code FL 33131	Transaction ID : SA11AI.5520 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1500.00
Name of Employer (for Individual) US Education Finance Group	Occupation (for Individual) President/CEO	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1500.00	
SUBTOTAL of Receipts This Page (optional))	3000.00
TOTAL This Period (last page this line numb	per only)	3000.00
=	•	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 21						
	,		Use separate schedule(s)	(check only one)						
ш	EMIZED RECEIPTS		for each category of the Detailed Summary Page			11b	X 11c	12		
_			Botalica carilliary rago		13	14	15	16		17
	ny information copied from such Reports and State for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full)									
	Healthcare Freedom Fund									
Α.	Full Name of Individual (Last, First, Middle Initia AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - A			C) [Date of	Receipt				
	Mailing Address P.O. BOX 15441				10	/ 2		2016	Y	
	City	State	Zip Code		Transa	ction ID	: SA11C.	5506		
	WASHINGTON	DC	20003		Amount	of Each	Receipt th	nis Period	d	
	FEC ID number of contributing federal political committee.	C co	00273003			- T	-	5000	.00	
	Name of Employer (for Individual)	Occ	cupation (for Individual)		Me	mo Item				
	Receipt For:	Aggregate	Year-to-Date ▼	\dashv						
	Primary General	00.0								
	Other (specify) ▼		5000.00							
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name							
В.	ALLEDIGALI GOLINIOÙ GELLEE MIGUEE				Date of	Receipt				
	Mailing Address 101 CONSTITUTION AVE., NW SUITE 700	1			10 21 2016					
	City	State	Zip Code		Transa	ction ID	: SA11C.	5504		
	WASHINGTON	DC	20001		Amount of Each Receipt this Pe					
	FEC ID number of contributing federal political committee.	C co	0147066		1000.00					
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Receipt For:	Aggragata	year-to-Date ▼	-						
	Primary General	Aggregate	: Teal-to-Date *							
	Other (specify) ▼		3000.00							
С .	Full Name of Individual (Last, First, Middle Initia BLOOMIN' BRANDS, INC. POLITIC	al) or Full C	Organization Name TION COMMITTEE		Date of	Receipt				
	Mailing Address 2202 N. WESTSHORE BLVD. 5TH FLOOR				M = M	/ D 1		2016	Y	
	City	State	Zip Code		Transa	ction ID	: SA11C.	5519		
	TAMPA	FL	33607		Amount	of Each	Receipt th	nis Period	t	
	FEC ID number of contributing federal political committee.		00253153			,	. ,	1000	.00	
Name of Employer (for Individual)		Occ	cupation (for Individual)		Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		1000.00							
	Other (specify)		1000.00							
8	SUBTOTAL of Receipts This Page (optional)							7000	.00	Ī

TOTAL This Period (last page this line number only).....

COUEDING A /FEC Form 2V)				FOR LINE NUMBER, DACE 9 OF 24						
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 21 (check only one)						
IT	EMIZED RECEIPTS		for each category of the							
			Detailed Summary Page	11a 11b X 11c 12						
_			1	13 14 15 16 17						
	ny information copied from such Reports and State for commercial purposes, other than using the									
\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	Healthcare Freedom Fund									
Α.	Full Name of Individual (Last, First, Middle Initial CAROLINA NEUROSURGERY AND SPI			Date of Receipt						
	Mailing Address 225 BALDWIN AVENUE			10 31 2016						
	City	State	Zip Code	Transaction ID : SA11C.5508						
	CHARLOTTE	NC	28204	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0544841	2600.00						
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		2600.00							
В.	Full Name of Individual (Last, First, Middle Initial FEDERATION OF AMERICAN HOSI			Date of Receipt						
	Mailing Address 750 9TH STREET NW SUITE 600			10 21 2016						
	City	State	Zip Code	Transaction ID : SA11C.5505						
	WASHINGTON	DC	20001	Amount of Each Receipt this Period						
	FEC ID number of contributing			2000.00						
	federal political committee.	C co	0002261							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	00 0								
	Other (specify) ▼		2000.00							
С .	Full Name of Individual (Last, First, Middle Initia			Date of Receipt						
	Mailing Address 333 LAKESIDE DRIVE			11 08 2016						
	City FOSTER CITY	State CA	Zip Code 94404	Transaction ID : SA11C.5517 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	00396895	2500.00						
Name of Employer (for Individual)		Occ	cupation (for Individual)	Memo Item						
	Receipt For:	Angregate	Year-to-Date ▼							
	Primary General	, iggi egale	Total to Date 1							
	Other (specify)		2500.00							
<u>ر</u>	UIDTOTAL of Possints This Days (antique)			7100.00						
۱۶	SUBTOTAL of Receipts This Page (optional)		······································							

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 21						
TEMIZED RECEIPTS		for each category of the	(check only one)						
	Detailed		11a 11b X 11c 12						
	<u> </u>		13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
Healthcare Freedom Fund									
Full Name of Individual (Last, First, Middle In NATIONAL AIR TRAFFIC CONTROLL	ERŚ ASSOC		Date of Receipt						
Mailing Address 1325 MASSACHUSETTS A	VE., NW		11 07 Y Y Y Y Y Y						
City	State	Zip Code	Transaction ID : SA11C.5516						
WASHINGTON	DC	20005	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C co	0238725	1000.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		1000.00							
Carlot (opcorry) 🔻		4 4							
Full Name of Individual (Last, First, Middle In NATIONAL ATHLETIC TRAINERS' ASSOCIATIO			Date of Receipt						
Mailing Address 2952 STEMMONS FREEWA	·Υ		11 07 2016						
City	State	Zip Code	Transaction ID : SA11C.5515						
DALLAS	TX	75247	Amount of Each Receipt this Period						
FEC ID number of contributing	C coo	0408518	1000.00						
federal political committee.									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		1000.00	1						
Other (specify) ▼		1000.00							
Full Name of Individual (Last, First, Middle In NATIONWIDE MUTUAL INSURANCE COMPANY FINANCE)	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address ONE NATIONWIDE PLAZA,	1-32-301		10 14 2016						
City	State	Zip Code	Transaction ID : SA11C.5500						
COLUMBUS	ОН	43215	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C co	0406215	1000.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		1000.00							
		4 4	'						
SUBTOTAL of Receipts This Page (optional)			3000.00						

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 21					
IT	EMIZED RECEIPTS		for each category of the	(check only one)					
			Detailed Summary Page	13 14 15 16 17					
	ny information copied from such Reports and St			erson for the purpose of soliciting contributions					
or	for commercial purposes, other than using the	name and a	address of any political committed	e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund								
Α.	Full Name of Individual (Last, First, Middle Init THE AMERICAN SOCIETY OF PENSION PROFESSIONALS AN	ial) or Full C	Organization Name OLITICAL ACTION COMMITTEE (AS	Date of Receipt					
	Mailing Address 4245 N. FAIRFAX DRIVE			11 21 2016					
	City	State VA	Zip Code	Transaction ID : SA11C.5564					
	ARLINGTON	VA	22202	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0333104	2000.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	33 73		1					
	Other (specify) ▼		2000.00						
В.				Date of Receipt					
	Mailing Address 975 F STREET NW SUITE 500			10 31 2016					
	City	State	Zip Code	Transaction ID : SA11C.5510					
	WASHINGTON	DC	20004	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C cod	0410266	1000.00					
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		3000.00	1					
	Other (specify) ▼		3000.00						
C.	Full Name of Individual (Last, First, Middle Init UBS AMERICAS INC. POLITICAL A			Date of Receipt					
	Mailing Address 677 WASHINGTON BOULEVA	ARD		10 31 2016					
	C/O PER DYRVIK City	State	Zip Code	Transaction ID : SA11C.5514					
	STAMFORD	СТ	06901	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0012245	5000.00					
	Name of Employer (for Individual)		upation (for Individual)	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		7.99.094.0	 	1					
	Other (specify)		5000.00						
	SUBTOTAL of Receipts This Page (optional)			8000.00					
F	The rage (optional)								
1	TOTAL This Period (last page this line number of	only))						

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: DAGE 44 OF 24					
·		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 21 (check only one)					
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12					
		Detailed Suffillary Fage	13 14 15 16 17					
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
Healthcare Freedom Fund								
/								
Full Name of Individual (Last, First, Middle Initial) UNIVERSAL TECHNICAL INSTITUTE INC			Date of Receipt					
Mailing Address 16220 N. SCOTTSDALE ROAD			M = M / D = D / Y = Y = Y					
SUITE 100 City	State	Zip Code	10 18 2016					
SCOTTSDALE	AZ	85254	Transaction ID : SA11C.5502 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C C00)497545	1000.00					
rederar politicar committee.								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		4000.00	1					
Other (specify) ▼		1000.00						
Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name						
Normality of individual (Last, First, Middle Initial)			Date of Receipt					
Mailing Address 230 PARK AVENUE	Mailing Address 230 PARK AVENUE							
C/O CHIEF LEGAL OFFICER	10 31 2016							
City	State	Zip Code	Transaction ID : SA11C.5512					
NEW YORK	NY	10169	Amount of Each Receipt this Period					
FEC ID number of contributing	C cod	0184028	2000.00					
federal political committee.			7 7 7					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	00 0		1					
Other (specify) ▼		2000.00						
Full Name of Individual (Look Flook Middle India)	\ FII O							
Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name	Date of Receipt					
Mailing Address			M M / D D / Y Y Y Y					
3								
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing			can or East recopt the Forest					
federal political committee.	C							
Name of Employer (for Individual)	0	unation (for Individual)	Memo Item					
Name of Employer (for Individual)	Ucci	upation (for Individual)						
Receipt For:	Angregato	Year-to-Date ▼						
Primary General	.gg. ogale	Total to Butto .	1					
Other (specify)	L	45 45 46						
		,						
SUBTOTAL of Receipts This Page (optional)			3000.00					

TOTAL This Period (last page this line number only).....

28100.00

SCHEDULE B (FEC Form 3X)	Llos seri	arata ada = did=/-\	FOR LINE			PAGE 12 OF 21		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only		□] oc		
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b		
Any information against from such Departs and Chita	monto mass	not be seld or						
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
Healthcare Freedom Fund								
/								
Full Name (Last, First, Middle Initial)				Data of D	isburseme	nt		
A. American Express						/ Y Y Y Y		
Mailing Address PO Box 1270				11	28	2016		
,	State	Zip Code		FEC Ident	ification N	umber		
Newark Purpose of Disbursement	NJ	07101-1270						
Travel Expenses (See Memos)			002	C				
Candidate Name			Category/			: SB21B.5566 sbursement this Period		
			Type	7.11.104111.0	uuii Did			
	ment For:				7	35.70		
Senate	Primary	General						
State: District:	Other (spe	Ciiy) ▼		Memo	Item			
Full Name (Last, First, Middle Initial)								
B. DC Parking				Date of D	isburseme	nt		
				M = M	/ D D	/ Y = Y = Y = Y		
Mailing Address				09 27 2016				
City	State	Zin Codo						
Washington					FEC Identification Number			
Purpose of Disbursement	Purpose of Disbursement							
Transportation	ment For: Primary General Other (specify)			C	: SB21B.5566.1			
Candidate Name				Amount of Each Disbursement this Per				
Office Sought: House Disburse				16.00				
Senate Sought.					7	70.00		
President				X Memo Item				
State: District:				X Memo	item			
Full Name (Last, First, Middle Initial)								
C. BB&T				Date of D	isburseme	nt		
Mailing Address DO Day 200				10	13	2016		
Mailing Address PU BOX 200	Mailing Address PO Box 200							
City	State	Zip Code		FFC Ident	tification N	umber		
Wilson	NC	27894-0200						
Purpose of Disbursement Credit Card Payment			001					
Candidate Name						: SB21B.5542 bursement this Period		
	Category/ Type					boursement this Penod		
Office Sought: House Disburse	ment For:	L				2574.31		
Senate	Primary	General						
President Pictriot:	Other (spe	cify) 🔻		Memo	Item			
State: District:								
SUBTOTAL of Disbursements This Page (optional)						2610.01		
CODITION DISDUISEMENTS THIS Page (Optional)				-	7	7 7		
TOTAL This Period (last page this line number only)			1				

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SCHEDULE B (FEC Form 3X)	Use separate schedule	(s) FOR LINE (check only	LINE NUMBER: PAGE 13 OF 21					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e (check only	22 23 26 27 28b 28c 29 30b					
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund								
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Full Name (Last, First, Middle Initial) - West Street Hotel			Date of Disbursement					
Mailing Address 50 West Street			08 21 2016					
City Bar Harbor	State Zip Code ME 04609		FEC Identification Number					
Purpose of Disbursement Lodging	0.000	002	Transaction ID : SB21B.5542.(
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbu Senate President	rsement For: Primary Genera Other (specify)	1	1106.35					
State: District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial) 3. American Airlines			Date of Disbursement					
Mailing Address 4333 Amon Carter Boulevard MD 567			08 29 2016					
City Fort Worth	State Zip Code TX 76155		FEC Identification Number					
Purpose of Disbursement Airfare Candidate Name		002 Category/	Transaction ID : SB21B.5542.1 Amount of Each Disbursement this Period					
Office Sought: House Disbu	rsement For: Primary General	Type	343.20					
State: President District:	Other (specify)		✗ Memo Item					
Full Name (Last, First, Middle Initial) American Airlines			Date of Disbursement					
Mailing Address 4333 Amon Carter Boulevard MD 567			09 / 13 / 2016					
City Fort Worth	State Zip Code TX 76155		FEC Identification Number					
Purpose of Disbursement Airfare	,	002	Transaction ID : SB21B.5542.					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
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	Healthcare Freedom Fund								
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Α.	Capitol Hill Club				Date of	Disburse			
	Mailing Address 300 1st Street SE				09	1:			2016
	City	State	Zip Code		FFC Ide	ntification	Numb	er	
	Washington	DC	20003						
	Purpose of Disbursement Food/Beverage			003	C				
	Candidate Name					nsaction	_		5542.1 It this Period
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	Mailing Address PO Box 200	10	10 21 2016						
	,	State NC	Zip Code 27894-0200	FEC Identification Number					
	Wilson Purpose of Disbursement					_			
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	Candidate Name			Trar Amount	5543 It this Period				
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	Senate President	Primary	General						
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	Washington	DC	2.5 3000	FEC Identification Number					
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	President	Other (spec	cify) 🔻		X Men	no Item			
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Healthcare Freedom Fund								
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A. Delta Air Lines, Inc.				Date of D	/ D I) / Y	2040	
Mailing Address P.O. Box 20706				09	30		2016	
City	State	Zip Code		FEC Iden	tification	Number		
Atlanta Purpose of Disbursement	GA	30320-6001					-	
Airfare			002	C				
Candidate Name				1		D : SB21E		
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Mailing Address 4333 Amon Carter Boulevard MD 567			10 07 2016					
City								
Fort Worth Purpose of Disbursement	TX	76155						
Airfare			002	C				
Candidate Name			Category/			D : SB21E Disbursem	3.5543.2 ent this Period	
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C. Overton Hotel				Date of D				
Mailing Address 2322 Mac Davis Lane				10	14		2016	
City	State	Zip Code		FFO Idea	4161 41	NI:		
Lubbock	TX	79401		FEC Iden	uncation	inumber		
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Healthcare Freedom Fund									
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A. Alamo									
Mailing Address Nashville Airport				10	16	2016			
City	State	Zip Code		FEC Ident	ification N	lumber			
Nashville	TN	37214			incation N	umber			
Purpose of Disbursement Transportation			002	C					
Candidate Name						: SB21B.5543.			
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Full Name (Last, First, Middle Initial) B. Hermitage Golf Course				Date of D	ishurseme	ent			
B. Hermitage Golf Course				Date of Disbursement					
Mailing Address 3939 Old Hickory Boulevard				10	15	2016			
,	State	Zip Code		FEC Ident	ification N	umber			
Old Hickory Purpose of Disbursement	TN	37138							
Entertainment			003	C		OD04D 5540.4			
Candidate Name			Category/		: SB21B.5543.6 sbursement this Period				
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	ment For:				7	737.44			
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Full Name (Last, First, Middle Initial)									
C. Renaissance Nashville Hotel				Date of D	isburseme	ent			
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Mailing Address 611 Commerce Street				10	17	2016			
City	State	Zip Code		FFO 141		li i i a la a i i			
Nashville	TN	37203		FEC Ident	incation N	urnber			
Purpose of Disbursement			1	C					
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Candidate Name	Candidate Name Category/								
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or for commercial purposes, other than using the nai NAME OF COMMITTEE (In Full)				on for the purpose of soliciting contributions o solicit contributions from such committee.			
Healthcare Freedom Fund							
Full Name (Last, First, Middle Initial) - Capitol Hill Club				Date of Disbursement			
Mailing Address 300 1st Street SE				10 17 2016			
City Washington Purpose of Disbursement	State DC	Zip Code 20003		FEC Identification Number			
Food/Beverage Candidate Name			003 Category/	Transaction ID : SB21B.5543.8 Amount of Each Disbursement this Period			
Senate President	ement For: Primary Other (spe	General vicify) ▼	Type	1183.01			
State: District: Full Name (Last, First, Middle Initial) - Bongo Jave Cafe Mailing Address 119 3rd Avenue South				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Nashville Purpose of Disbursement Food/Beverage Candidate Name	State TN	Zip Code 37201	003 Category/	FEC Identification Number C Transaction ID: SB21B.5525 Amount of Each Disbursement this Period			
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Full Name (Last, First, Middle Initial) Concentric Office, LLC	` ' '						
Mailing Address PO Box 2485	Mailing Address PO Box 2485						
City Springfield Purpose of Disbursement Compliance Services Candidate Name	State VA	Zip Code 22152	001	FEC Identification Number C Transaction ID : SB21B.5563			
	Disbursement For: Primary Genera Other (specify) ▼		Category/ Type	Amount of Each Disbursement this Period 905.17			
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A. Davis & Harman LLP					isburseme					
Mailing Address 1455 Pennsylvania Avenue, NW Suite 1200				10	04	2016				
City	State	Zip Code		FEC Iden	ification N	umber				
r as green	DC	20004								
Purpose of Disbursement Facility Rental			003	C						
Candidate Name						: SB21B.5522 bursement this Period				
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Full Name (Last, First, Middle Initial) B. Machado & Company				Date of D	isburseme	nt				
B. Machado & Company				M M	/ D D	/ Y Y Y Y Y				
Mailing Address 6111 Newman Road	Mailing Address 6111 Newman Road									
City	State	Zip Code		FEC Identification Number						
Fairfax	VA	22030-5918								
Purpose of Disbursement Catering (SEE MEMOS)			002	C						
Candidate Name			003		: SB21B.5528					
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C. Avalon Caterers					isburseme					
Mailing Address 109 Clermont Avenue				09	27	2016				
,	State	Zip Code		FEC Iden	tification N	umber				
Alexandria Purpose of Disbursement	VA	22304		l ——						
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A.	Avalon Caterers					Date of	f Disburs	ement	Υ	YYY
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B	Full Name (Last, First, Middle Initial) Machado & Company					Date of	f Dishurs	ement		
٥.	Machado & Company				Date of Disbursement					
	Mailing Address 6111 Newman Road					10 18 2016				
	City	State	Zip Code			FEC Id	entification	on Num	ber	
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C.	Husk					Date o	f Disburs	ement		
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	Nashville	TN	37210			FEC Id	entification	n Num	ber	
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Α.	Renaissance Nashville Hotel				Date of	Disburse /		Y Y Y Y			
	Mailing Address 611 Commerce Street				10	1	6	2016			
	City Nashville	State TN	Zip Code 37203		FEC Ide	entification	n Numbe	r			
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	Candidate Name			Category/			_	21B.5532.2 ement this Pe	eriod		
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	Candidate Name	Category/ Type			Transaction ID : SB21B.5532.3 Amount of Each Disbursement this Period						
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	Mailing Address Nashville Airport				10						
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	City Nashville	State TN	Zip Code 37214		FEC Ide	entification	n Numbe	r			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) A. Second Ave Museum LLC Mailling Address 119 3rd Avenue South City State Distoursement Event Entertainment Cardidate Name Office Sought: Distoursement Distoursement City State Distoursement Distoursement Condidate Name Office Sought: Distoursement Condidate Name Disbursement Condidate Name Office Sought: Distoursement Distoursement Condidate Name Office Sought: Distoursement Distoursement This Page (optional).	SCHEDULE B (FEC Form 3X)	Hee	avoto oslassicis()	I .	NUMBER:	PAGE 21 OF 21			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) A. Second Ave Museum LLC Mailing Address 119 3rd Averuse South City Nashvillie Purpose of Disbursement Event Entertainment Candidate Name Category/ Type Full Name (Last, First, Middle Initial) B. Date of Disbursement this Period Transaction ID: \$8218.524 Amount of Each Disbursement this Period Transaction ID: \$8218.524 Amount of Each Disbursement this Period Memo Item Full Name (Last, First, Middle Initial) B. Date of Disbursement Cardidate Name Category/ Type Fill Name (Last, First, Middle Initial) Candidate Name Cardidate Name Type FEC Identification Number Cardidate Name FEC Identification Number Cardidate Name Type Typ									
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In pull) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) City Malling Address 119 3rd Avenue South City Mashville Thu Purpose of Disbursement Event Einstrainment Cariddate Name City State Disbursement For: State: City State Disbursement Candidate Name City Office Sought: House Purpose of Disbursement Candidate Name City State Disbursement For: State: City State Disbursement For: State: Sta	Any information copied from such Reports and States	nents may i	not be sold or us						
Healthcare Freedom Fund Full Name (Last, First, Middle Initial) City Making Address 119 3rd Avenue South City Making Address 119 3rd Avenue South City Nashville TN 37201 Purpose of Disbursement Event Entertainment Candidate Name Office Sought: House President City State: District: City State: District: City State: City State: District: City State: City State: District: Candidate Name Category' Office Sought: House Office Sought: President Candidate Name Category' Office Sought: President State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State: District: Full Name (Last, First, Middle Initial) Candidate Name Category' Office Sought: First, Middle Initial) Candidate Name Category' Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category' Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category' Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category' Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category' Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category' Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category' Type Office Sought: FeC Identification Number Category' Type Office Sought: Memo Item State: District: Mailing Address City State: District: Full Name (Last, First, Middle Initial) Category' Type Office Sought: Memo Item State: Mailing Address FeC Identification Number Category' Type Memo Item State: Mailing Address City Memo Item State: Mailing Address City Memo Item Type Memo Item Memo Item Type Memo Item Type Memo Item Type									
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A. Second Ave Museum LLC Mailing Address 119 3rd Avenue South City Nashville Purpose of Disbursement Event Entertainment Candidate Name Office Sought: Full Name (Last, First, Middle Initiat) Candidate Name Office Sought: Full Name (Last, First, Middle Initiat) Candidate Name Office Sought: Full Name (Last, First, Middle Initiat) Candidate Name Office Sought: Full Name (Last, First, Middle Initiat) Candidate Name Office Sought: Full Name (Last, First, Middle Initiat) Candidate Name Office Sought: Full Name (Last, First, Middle Initiat) Category/ Office Sought: Full Name (Last, First, Middle Initiat) Category/ Office Sought: Full Name (Last, First, Middle Initiat) Category/ Office Sought: Full Name (Last, First, Middle Initiat) Category/ Office Sought: Full Name (Last, First, Middle Initiat) Category/ Office Sought: Full Name (Last, First, Middle Initiat) Category/ Office Sought: Full Name (Last, First, Middle Initiat) Candidate Name Office Sought: Full Name (Last, First, Middle Initiat) Candidate Name Category/ Office Sought: Fec Identification Number Category/ Amount of Each Disbursement this Period Fec Identification Number Category/ Amount of Each Disbursement this Period Category/ Amount of Each Disbursement this Per	│ Healthcare Freedom Fund								
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